

PTO/SB/22 (12-04)
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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) 204552032700 | |
|--|---------------------|--|--------------------|
| FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | 204552032700 | |
| Application Number 10/809,788 | | Filed Mar | ch 26, 2004 |
| For SEMICONDUCTOR LASER DEVICE AND METHOD OF PRODUCING THE SAME, AND OPTICAL DISC UNIT | | | |
| Art Unit 2828 | | Examiner T | . T. Van Roy |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| The requested extension and ree are as follows (check to | _ | | opnate lee below). |
| One month (37 CFR 1.17(a)(1)) | <u>Fee</u> \$120 | Small Entity Fee \$60 | \$ |
| X Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ 450.00 |
| Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ |
| Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ |
| Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ |
| | | • | |
| Applicant claims small entity status. See 37 CFR 1.27. | | | |
| A check in the amount of the fee is enclosed. | | | |
| Payment by credit card. Form PTO-2038 is attached. | | | |
| The Director has already been authorized to charge fees in this application to a Deposit Account. | | | |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-1952 Have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate. | | | |
| I am the applicant/inventor. | | | |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | |
| attorney or agent of record. Regi | stration Number | 43,636 | _ |
| attorney or agent under 37 CFR 1.34. | | | |
| Registration number if acting under 37 CFR 1.34 | | | |
| pubrah Meaditer | | Novembe | |
| Signature | | Da | |
| Deborah S. Gladstein Typed or printed name | | (703) 760-7753 Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| Total of forms are submitted. | | | |



PTO/SB/17 (01-06)
Approved for use through 7/31/2006. OMB 0651-0032
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Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/809,788 FEE TRANSMIT March 26, 2004 Filing Date For FY 2006 Shuichi HIRUKAWA First Named Inventor Examiner Name T. T. Van Roy Applicant claims small entity status. See 37 CFR 1.27 2828 Art Unit 204552032700 TOTAL AMOUNT OF PAYMENT 450.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Credit Card Money Order Other (please identify): Check x Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayment of Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity** Small Entity Small Entity **Application Type** Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Utility 200 100 300 150 500 250 Design 100 100 130 65 200 50 Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 200 100 Provisional 0 0 **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Total Claims** Extra Claims Fee Paid (\$) Multiple Dependent Claims Fee Paid (\$) n Fee (\$) HP = highest number of total claims paid for, if greater than 20. Fee Paid (\$) Indep. Claims **Extra Claims** Fee (\$) 0 HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets** Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) · - 100 = (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) 450.00 Other (e.g., late filing surcharge): 1252 Extension for response within second month SUBMITTED BY Registration No. Signature 43,636 Telephone (703) 760-7753 (Attorney/Agent) Name (Print/Type) Deborah S. Gladstein Date November 2, 2006